

## Quality Assurance Surveillance Plan (QASP)

### Community Based Outpatient Clinic

The contractor will be evaluated in accordance with the following:

#### 1. PURPOSE

This Quality Assurance Surveillance Plan (QASP) provides a systematic method to evaluate performance for the stated contract. This QASP explains the following:

- What will be monitored?
- How monitoring will take place.
- Who will conduct the monitoring?
- How monitoring efforts and results will be documented.

This QASP does not detail how the contractor accomplishes the work. Rather, the QASP is created with the premise that the contractor is responsible for management and quality control actions to meet the terms of the contract. It is the Government's responsibility to be objective, fair, and consistent in evaluating performance.

This QASP is a "living document" and the Government may review and revise it on a regular basis. However, the Government shall coordinate changes with the contractor through contract modification. Copies of the original QASP and revisions shall be provided to the contractor and Government officials implementing surveillance activities.

#### 2. GOVERNMENT ROLES AND RESPONSIBILITIES

The following personnel shall oversee and coordinate surveillance activities.

a. Contracting Officer (CO) – The CO shall ensure performance of all necessary actions for effective contracting, ensure compliance with the contract terms, and shall safeguard the interests of the United States in the contractual relationship. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment under this contract. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance.

Assigned CO: ~~Leigh Ann Nunn~~Kevin D. Pollard

Agency: Department of Veterans Affairs, Network Contracting Office 16

b. Contracting Officer's Representative (COR) – The COR is responsible for technical administration of the contract and shall assure proper Government surveillance of the contractor's performance. The COR shall keep a quality assurance file. The COR is not empowered to make any contractual commitments or to authorize any contractual changes on the Government's behalf.

Assigned COR: Paul Lirrete

Agency: G.V. (Sonny) Montgomery VA Medical Center, Jackson, MS

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### 3. CONTRACTOR REPRESENTATIVES

The following employee(s) of the contractor serve as the contractor's program manager(s) for this contract.

Primary: \_\_\_\_\_

Alternate: \_\_\_\_\_

### 4. PERFORMANCE STANDARDS

**The contractor is responsible for performance of ALL terms and conditions of the contract.** CORs will provide contract progress reports quarterly to the CO reflecting performance on this plan and all other aspects of the resultant contract. The performance standards outlined in this QASP shall be used to determine the level of contractor performance in the elements defined.

Performance standards define desired services. The Government performs surveillance to determine the level of Contractor performance to these standards.

The Performance Requirements are listed below in Section 6. The Government shall use these standards to determine contractor performance and shall compare contractor performance to the standard and assign a rating. At the end of the performance period, these ratings will be used, in part, to establish the past performance of the contractor on the contract.

### 5. INCENTIVES/DEDUCTS

The Government shall use past performance reporting as incentives. Incentives shall be based on exceeding, meeting, or not meeting performance standards.

### 6. METHODS OF QA SURVEILLANCE

Various methods exist to monitor performance. The COR shall use the surveillance methods listed below in the administration of this QASP.

- a. DIRECT OBSERVATION.
- b. PERIODIC INSPECTION/MONTHLY REVIEW. Inspections scheduled and reported quarterly per COR delegation or as needed.
- c. VALIDATED USER/CUSTOMER COMPLAINTS.
- d. RANDOM SAMPLING.
- e. Verification and/or documentation provided by Contractor.

Task	PWS Reference	Indicator	Standard (% compliance)	Acceptable Quality Level (% compliance)	Method of Surveillance	Incentives	Disincentives/ (Deducts)
Panel Management	PWS para. 2.1	PC Staffing Ratio	≥ 2.4 to ≥ 3.0	≥ 3.0	Monthly review by COR, VSSC Report cumulative for YTD	Pass-Favorable performance review	Fail-Unfavorable performance review
Access	PWS para. 4.5.4.3 4.5.5.2 4.5.6.2	Ratio of Non-Traditional Encounters PACT 16	≥12% to ≥ 20%	≥ 20%	Monthly review by COR, VSSC Report cumulative for YTD	Pass-Favorable performance review	Fail-Unfavorable performance review
PC 14: New PC Patient Wait Time	PWS para. 4.9.1.7.	VHA Access % New patient wait times 30 days from preferred date	VHA Strategic Analytics for Improvement & Learning (SAIL)	90 <sup>th</sup> Percentile	VHA SAIL or PACT Compass Report <a href="http://reports.vssc.med.va.gov/reportserver/?%2fMgmtReports%2fVATR%2fSAILProd52fSAIL&amp;rs:Command=Render">http://reports.vssc.med.va.gov/reportserver/?%2fMgmtReports%2fVATR%2fSAILProd52fSAIL&amp;rs:Command=Render</a>		
PCMH SHEP Access Composite	Patient satisfaction with Access measure Composite	Composite % Based on 2 Questions 1. Get an urgent care appointment as soon as needed 2. Get a routine care appointment as soon as needed	VHA Strategic Analytics for Improvement & Learning (SAIL)	53.7%	VHA SAIL Report or Patient Experience Report <a href="http://reports.vssc.med.va.gov/reportserver/?%2fMgmtReports%2fVATR%2fSAILProd52fSAIL&amp;rs:Command=Render">http://reports.vssc.med.va.gov/reportserver/?%2fMgmtReports%2fVATR%2fSAILProd52fSAIL&amp;rs:Command=Render</a>		
Access	PWS para.	Same Day Appointments	≥ 48% to ≥ 70%	≥ 70%	Monthly review by	Pass-Favorable	Fail-Unfavorable

	4.4.1.1	w/PC Provider Ratio PACT 7			COR, VSSC Report cumulative for YTD	performance review	performance review
Continuity of Care	PWS para. 4.4	Continuity PCP (Fee ER Excluded) PACT 19	≥ 65% to ≥ 77%	≥ 77%	Monthly review by COR, VSSC Report cumulative for YTD	Pass-Favorable performance review	Fail-Unfavorable performance review
Continuity of Care	PWS para. 4.14.3.7	Clinic will develop & implement a plan to improve suboptimal clinical indices	Current FY ECF Performance Plan	EPRP measures meet or exceed goal	EPRP Technical Manual	Pass-Favorable performance review	Fail-Unfavorable performance review
Coordination of Care	PWS para. 4.5.1.1.2	Two (2) day Contact Post Discharge Ratio VHA DC PACT 17	> 40% to > 75%	≥ 75%	Monthly review by COR, VSSC Report cumulative for YTD	Pass-Favorable performance review	Fail-Unfavorable performance review
PACT 13: PACT Patients enrolled in HT	PWS para. 4.4.2.4.1. & VHA T-21 Implementation Guide	% Primary Care Patients enrolled in HT The aggregate percentage of all VISN PACT Patients enrolled in Home Telehealth (HT) will exceed 1.6%.	PACT Improvement Data on Compass & Dashboard	Monthly Non-Cumulative Floor 1.2%. Target of > 1.6%	VHA Performance Measure Report & PACT Compass		
PCMH 4: SHEP PCMHQ3 6: Discussed Difficulties in Caring for Self	PWS para. 1.5.66.	Outpatients responding to the PCMH survey, and answering Q9 Weighted number of patients responding "yes" to PCMH Q36	PACT Improvement Data on Compass & Dashboard	Reported monthly with quarterly and YTD rollup PACT Dashboard Target: Floor 42%. Target 55%.	VHA Performance Measure Report		

## PACT PERFORMANCE

TASK	PWS Para.	Indicator	Standard	Acceptable Quality Level	Method of Surveillance	Incentives	Disincentives/ (Deducts)
Provide PACT Staffing Infrastructure	PWS Para. 2.1	Clinic will provide a staffing plan consistent with PACT staffing guidelines.	Clinic will achieve & maintain staffing ratio goals as currently defined (current FY ECF) and as defined by VHA in the future.	PACT staffing ratio $\geq 3.0$ .	PCMM Staffing ratio & PACT Compass	Pass-Favorable performance review	Fail-Unfavorable performance review
PCMM Teamlet Set Up	PWS para. 2.1.3	All PACT Teamlets will be set up per guidelines.	Reconfigure PCMM such that each provider represents an individual team and other team members (teamlet, etc.) are identified (authorization VAMC dependent).	Teamlets will be set up within 6 mos of contract initiation.	PCMM data on VSSC	Pass-Favorable performance review	Fail-Unfavorable performance review
Enhance Patient Centered Care Delivery	PWS para. 4.5.2.3 4.6.7.1 4.3.8 4.3.9	All clinic staff will participate in education provided by VAMC to enhance Patient Centered Care (may include Patient Engagement, Patient Centeredness, Motivational Interviewing, TEACH for Success, etc.)  CBOC patients will be notified of all normal test results within 14 days.	Patient Centered Care & PACT are VA Secretary's T21 Transformational Initiatives  VHA Directive 2009-019	Clinic will provide documentation that staff are educated (as made available by VAMC) within 1 year of contract initiation.  100% all patients will be notified via telephone, secure messaging, letter or face to face.	Clinic will monitor & report on this measure	Pass-Favorable performance review	Fail-Unfavorable performance review
Enhance	PWS para.	Clinic will	Same day access as	Clinic will	Monitoring via	Pass-Favorable	Fail-Unfavorable

Access to Care-Primary Care Face to Face Visits	4.4.1.1 4.9.1.3	develop a plan to provide same day access for those patients desiring to be seen today.  Clinic will provide 7 day access from desired date for new and established pts	desired by patient is VHA PACT goal.  Provide excellent access to VA care by ensuring patients will not wait more than 7 days from desired date for appointments. Access will be measured using the PACT Compass. (VHA ECF)	demonstrate progressive improvement in same day access within 6 mos of contract initiation. Percent of unique patients on the Access List waiting more than 14 days from desired date will not exceed 1% for Primary Care	PACT Compass	performance review	performance review
Enhance Access to Care-Telephones	PWS para. 4.4.2.1.1 4.10	Clinic telephones are answered by a live person as much as possible. Calls are resolved by attendant during the telephone call as much as possible.  Establish & implement a plan to increase telephone care to appropriate patient populations	CBOCs >5,000 patients are required to implement Automated Call Center Distribution (ACD) hardware/software as well as monitor/report the follow metrics: Volume, Abandonment Rate, Speed of Answer on VSSC Telephone site (Per VHA Directive 2007-033 Telephone Service for Clinical Care).  VHA rules and regulations governing coding and workload support telephone care as an appropriate and accepted method of delivering care to Veterans.  PACT promotes increased care delivered by virtual methods (telephone) as a patient centered approach to care.	Targets for ACD include— Abandonment Rate <5%, Speed of Answer <30 seconds. Sites with ACD's should demonstrate progressive improvement efforts to achieve & maintain metric goals.  Progressive focus on improving access by increased use of telephone care as evidenced by PACT compass measure Telephone Encounter Ratio within 1 year of contract.	VSSC Telephone Database— VISN Points of Contact authorize access  PACT Compass	Pass-Favorable performance review	Fail-Unfavorable performance review
Enhance Care Management/Coordination—Critical	PWS para. 4.5.1.1	Clinic will improve inpatient to outpatient	VHA PACT implementation requires improvement in care	Clinic should strive to contact all patients discharged from	PACT Compass	Pass-Favorable performance review	Fail-Unfavorable performance review

Transitions		transition process including appropriate clinical documentation of care delivered.	management and coordination to promote patient safety and reduce gaps in care.	inpatient facility 2 days post discharge. The follow up can be conducted by telephone encounter or face to face visit with appropriate documentation.			
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## 7. Ratings:

Metrics and methods are designed to determine if performance exceeds, meets, or does not meet a given standard and acceptable quality level. A rating scale shall be used to determine a positive, neutral, or negative outcome. The following ratings shall be used:

Metrics and methods are designed to determine rating for a given standard and acceptable quality level. The following ratings shall be used:

<b>EXCEPTIONAL:</b>	<p>Performance meets contractual requirements and exceeds many to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor were highly effective.</p> <p><b>Note:</b> To justify an <b>Exceptional</b> rating, you should identify <u>multiple</u> significant events in each category and state how it was a benefit to the GOVERNMENT. However a singular event could be of such magnitude that it alone constitutes an Exceptional rating. Also there should have been NO significant weaknesses identified.</p>
<b>VERY GOOD:</b>	<p>Performance meets contractual requirements and exceeds some to the Government's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.</p> <p><b>Note:</b> To justify a <b>Very Good</b> rating, you should identify a significant event in each category and state how it was a benefit to the GOVERNMENT. Also there should have been NO significant weaknesses identified.</p>
<b>SATISFACTORY:</b>	<p>Performance meets contractual requirements. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.</p> <p><b>Note:</b> To justify a <b>Satisfactory</b> rating, there should have been only minor problems, or major problems the contractor recovered from without impact to the contract. Also there should have been NO significant weaknesses identified.</p>
<b>MARGINAL:</b>	<p>Performance does not meet some contractual requirements. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.</p> <p><b>Note:</b> To justify <b>Marginal</b> performance, you should identify a significant event in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. A <b>Marginal</b> rating should be supported by referencing the management tool that notified the contractor of the contractual deficiency (e.g, Management, Quality, Safety or Environmental Deficiency Report or letter).</p>
<b>UNSATISFACTORY:</b>	<p>Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element being</p>

	<p>assessed contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.</p> <p><b>Note:</b> To justify an <b>Unsatisfactory</b> rating, you should identify multiple significant events in each category that the contractor had trouble overcoming and state how it impacted the GOVERNMENT. However, a singular problem could be of such serious magnitude that it alone constitutes an unsatisfactory rating. An <b>Unsatisfactory</b> rating should be supported by referencing the management tools used to notify the contractor of the contractual deficiencies (e.g. Management, Quality, Safety or Environmental Deficiency Reports, or letters).</p>
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## 8. DOCUMENTING PERFORMANCE

- a. The Government shall document positive and/or negative performance. Any report may become a part of the supporting documentation for any contractual action and preparing annual past performance using CONTRACTOR PERFORMANCE ASSESSMENT REPORT (CPAR).
- b. If contractor performance does not meet the Acceptable Quality level, the CO shall inform the contractor. This will normally be in writing unless circumstances necessitate verbal communication. In any case the CO shall document the discussion and place it in the contract file. When the COR and the CO determines formal written communication is required, the COR shall prepare a Contract Discrepancy Report (CDR), and present it to CO. The CO will in turn review and will present to the contractor's program manager for corrective action.

The contractor shall acknowledge receipt of the CDR in writing. The CDR will specify if the contractor is required to prepare a corrective action plan to document how the contractor shall correct the unacceptable performance and avoid a recurrence. The CDR will also state how long after receipt the contractor has to present this corrective action plan to the CO. The Government shall review the contractor's corrective action plan to determine acceptability. The CO shall also assure that the contractor receives impartial, fair, and equitable treatment. The CO is ultimately responsible for the final determination of the adequacy of the contractor's performance and the acceptability of the Contractor's corrective action plan.

Any CDRs may become a part of the supporting documentation for any contractual action deemed necessary by the CO.

## 9. FREQUENCY OF MEASUREMENT

- a. Frequency of Measurement.

The frequency of measurement is defined in the contract or otherwise in this document. The government (COR or CO) will periodically analyze whether the negotiated frequency of surveillance is appropriate for the work being performed.

- b. Frequency of Performance Reporting.

The COR shall communicate with the Contractor and will provide written reports to the Contracting Officer quarterly (or as outlined in the contract or COR delegation) to review Contractor performance.

## 10. COR AND CONTRACTOR ACKNOWLEDGEMENT OF QASP

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PAUL LIRETTE, COR                      DATE

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CONTRACTOR NAME/TITLE

DATE

